SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138 Washburn, WI 54891 (715) 373-6138 Part Construction Until all fees are paid. Do NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. CANUTAGE TO APPLICANT.	Permit #: IS-0330 Colvisin (a) Date: 7.3-18 Dept. Refund:
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Proposed Construction:	Existing Structur					7 7 3	n.		Value at Time of Completion * include donated time & material
uction:	Existing Structure: (If permit being applied for is relevant to it)	A SARS - LAKE	Property	☐ Run a Business on	☐ Refocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	☐ New Construction	Project
	ir is relevant to it)		☐ Foundation	□ No Basement	☐ Basement	□ 2-Story	1-Story + Loft	X'1-Story	# of Stories and/or basement
Length:	Length:						义 Year Round	☐ Seasonal	Use
				None		_ 3	□ 2	אַ	of bedrooms
warn:		☐ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or Vaulted (min 200 gallon)	X Sanitary (Exists) Specify Type: 出いたらなり	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
				1		J	Xwell	□ City	Water

☐ Non-Shoreland

The second secon	September 1	a contract of the contract of			21.2
Proposed Use	<	Proposed Structure		Dimensions	Footage
		Principal Structure (first structure on property)	_	x)	
		Residence (i.e. cabin, hunting shack, etc.)	1	x)	
		with Loft	,,	×)	
X Residential Use		with a Porch		×)	
		with (2 nd) Porch	(x)	
		with a Deck	(×)	
		with (2 nd) Deck	(×)	
Commercial Use		with Attached Garage	^	×	
		Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	^	×)	
-		Mobile Home (manufactured date)	~	×	
		Addition/Alteration (specify)	_	×	
☐ Municipal Use		Accessory Building (specify)		×	
		Accessory Building Addition/Alteration (specify)		×)	
Don'd for legising		Special Use: (explain)		×)	
בוכר ע ואו שמטמוועצ	-	Conditional Use: (explain)	(x)	
	80	Other: (explain) Stairwy L. Lall	-	X)	- Andrews
C. C		,			

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

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	Authorized Agent:
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	

Owner(s): (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Address to send permit

Date

Show Location of: Show / Indicate:

Show Location of (*):

(2) (3) (4) (5) (6) (7) Show:

Show any (*): Show any (*):

Proposed Construction

North (N) on Plot Plan

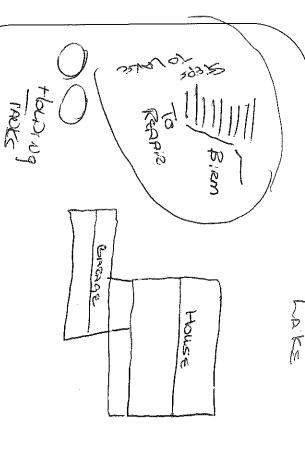
(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

			Feet	Setback to Drain Field
Feet	Setback to Well		Feet	Setback to Septic Tank or Holding Tank
Feet	Elevation of Floodplain		Feet	Setback from the East Lot Line
☐Yes ☐ No	20% Slope Area on property		Feet	Setback from the West Lot Line
Feet	Setback from Wetland		Feet	Setback from the South Lot Line
			Feet	Setback from the North Lot Line
Feet	Setback from the Bank or Bluff			
Feet	Setback from the River, Stream, Creek		Feet	Setback from the Established Right-of-Way
Feet	Setback from the Lake (ordinary high-water mark)	-	Feet	Setback from the Centerline of Platted Road
Measurement	Description		Measurement	Description
			sest point)	(8) Setbacks: (measured to the closest point)

ired must be visible from one prev isly surveyed corner to the

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Hold For Sanitary: Hold For TBA:	Signature of Inspector:	Use best mynt produs to adua product - "	Date of Inspection: $\frac{b}{b}$	Inspection Record:	Was Proposed Building Site Delineated Was 9 on No	Granted by Variance (B.O.A.) □ Yes □ No Case #:	Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Parcel in Common Ownership Is Structure Non-Conforming I Yes	Permit #: 15 1 0 3 9	Permit Denied (Date):	Issuance Information (County Use Only)
Hold For Affidavit:		du exter-	ched? Tres Worlf No the need to be at			Previously Granted	d 1945 □ No Mitigation Required 100 Mitigation Attached 100 Mitigation Attached 100 1	Permit Date: 7-2-15	Reason for Denial:	Sanitary Number:
Hold For Fees:					Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.) U Yes No Case #:	□Yes YNo □Yes KNo			# of bedrooms:
	Date of Approva		Date of Re-Inspection	Zoning District Lakes Classification (Yyes □Yes		Affidavit Required E Affidavit Attached E			Sanitary Date:
	3)11	72	B No		□Yes (¬No			